Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

http://lobbyingdisclosure.house.gov http://www.senate.gov/lobby

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

| 1. Registrant Name Organization/Lobbying Firm Self Employed AKIN GUMP STRAUSS HAUER | |
|--|---|
| 2. Address Check if different than previously reported Address1 Table 1333 NEW HAMPSHIRE AVE., NW WASHINGTON State | |
| 3. Principal place of business (if different than line 2) City State | Zip Code - Country |
| · · · · · · · · · · · · · · · · · · · | mstosik@akingump.com 682-1002838 |
| 7. Client Name Self Check if client is a state of COX ENTERPRISES INC. | f local government or instrumentality 6. House ID# 317840421 |
| TYPE OF REPORT 8. Year 2009 Q1 (1/1 - 3/31) 9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report ☐ Termination Da INCOME OR EXPENSES - YOU MUST complete | t |
| 12. Lobbying | 13. Organizations |
| INCOME relating to lobbying activities for this reporting period was: Less than \$5,000 \$5,000 or more \$ | EXPENSE relating to lobbying activities for this reporting period were: Less than \$5,000 \$5,000 or more |
| Provide a good faith estimate, rounded to the nearest \$10,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client). | 14. REPORTING Check box to indicate expense accounting method. See instructions for description of options. Method A. Reporting amounts using LDA definitions only Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code Method C. Reporting amounts under section 162(e) of the Internal Revenue Code |
| Signature Filed Electronically | Date 04/18/2009 |
| Printed Name and Title Bill Paxon, Senior Advisor | Or Page 1 of 6 |

| engaged in lobbying on behal | | ting period. | the general issue areas in which the registrant Using a separate page for each code, provide | |
|---------------------------------|------------------------------------|--------------|--|--|
| 15. General issue area code | COM | ONS/BROADC | ASTING/RADIO/TV (one per page) | |
| 16. Specific lobbying issues | | | | |
| General broadcast iss | ues, including media ov | vnership | and digital TV transition | |
| 17. House(s) of Congress and | d Federal agencies C | heck if Non | e | |
| | | | | |
| | who acted as a lobbyist in this i | | Covered Official Position (if applicable) | New |
| First Name Joel | Last Name Jankowsky | Suffix | Covered official Position (if applicable) | |
| Bill | Paxon | | | |
| Paul | Scolese | | | |
| Josh | Tzuker | | | |
| | | | | #= |
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| | | | | 16 |
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| | | | | |
| 19. Interest of each foreign e | entity in the specific issues list | ed on line 1 | 6 above | |
| Printed Name and Title Ev6.0.1f | Bill Paxon, Senior | Adviso | Page 2 | of_6 |

AKIN GUMP STRAUSS HAUER & FELD Client Name COX ENTERPRISES INC.

Registrant

| | | STRAUSS F | HAUER & FELD | Client Name | COX ENTERPRISES INC. | |
|-----------------------------|----------------|------------------------------|-------------------------------|-------------|--|-----------------|
| | ying on behalf | f of the client d | uring the reporting p | | general issue areas in which the registrant g a separate page for each code, provide | |
| 15. General issu | ie area code | CPT | COPYRIGHT/PA | TENT/TRA | ADEMARK (one per page) | |
| 16. Specific lob | bying issues | | | | | |
| Performance | e rights leg | jislation | | | | |
| | | | | | | |
| 17 House(s) of | Congress and | l Fodoral agana | ios 🗖 Charl | :6 N | | |
| 17. House(s) of | | | ies □ Check IVES, U.S. SEI | if None | | |
| 18. Name of eac | h individual v | who acted as a l | obbyist in this issue | area | | |
| First Name | | Last Name | S | uffix | Covered Official Position (if applicable) | |
| | | | | | Covered Official Fosition (if applicable) | New |
| | | Fazio | | | covered official rosition (if applicable) | New |
| | | Fazio Jankowsk | ку | | covered official Fosition (if applicable) | New □ |
| Vic Joel Bill | | Fazio Jankowsk Paxon | ky [| | covered official Fosition (if applicable) | New □ □ □ □ □ □ |
| Vic Joel Bill | | Fazio Jankowsk | ky [| | covered official Fosition (if applicable) | New |
| Vic Joel Bill | | Fazio Jankowsk Paxon | xy [| | Covered Official Fosition (if applicable) | New |
| Vic Joel Bill | | Fazio Jankowsk Paxon | xy [| | Covered Official Fosition (if applicable) | New |
| Vic Joel Bill | | Fazio Jankowsk Paxon | xy | | Covered Official Fosition (if applicable) | New O |
| Vic Joel Bill | | Fazio Jankowsk Paxon | ky [| | Covered Official Fosition (if applicable) | New O |
| Vic Joel Bill Paul | | Fazio Jankowsk Paxon Scolese | | | | New New |
| Vic Joel Bill Paul | ach foreign e | Fazio Jankowsk Paxon Scolese | cific issues listed or | | | New New |
| Vic Joel Bill Paul | ach foreign e | Fazio Jankowsk Paxon Scolese | | | | New New |
| Vic Joel Bill Paul | ach foreign e | Fazio Jankowsk Paxon Scolese | | | | New New |
| Vic Joel Bill Paul | ach foreign e | Fazio Jankowsk Paxon Scolese | | | | New New |

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| 6. Specific lobbying issue | | TAXATION | I/INTERNAL REVE | NUE CODE | (one per page) | | |
|----------------------------|----------------------------------|--------------------|-----------------------|----------|-----------------------------|-----------|----|
| | ·s | | | | | | |
| state tax issues | | | | | | | |
| | | | | | | | |
| 7. House(s) of Congress a | nd Federal ag | encies \square | Check if None | | | | |
| J.S. HOUSE OF REI | | | | | | | |
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| 8. Name of each individual | l who acted as | s a lobbyist in th | his issue area | | | | |
| | | - | 1 | Covere | d Official Position (if app | ilicable) | Ne |
| 8. Name of each individual | Last Name | · | his issue area Suffix | Covere | d Official Position (if app | ilicable) | Ne |
| rst Name ayne | Last Name | rald | 1 | Covere | d Official Position (if app | ilicable) | Ne |
| rst Name layne Rob | Last Name Fitzger Leonar | rald rd | 1 | Covere | d Official Position (if app | olicable) | Ne |
| rst Name ayne | Last Name | rald rd | 1 | Covere | d Official Position (if app | olicable) | Ne |
| rst Name layne Rob | Last Name Fitzger Leonar | rald rd | 1 | Covere | d Official Position (if app | olicable) | Ne |
| rst Name layne Rob | Last Name Fitzger Leonar | rald rd | 1 | Covere | d Official Position (if app | licable) | Ne |
| rst Name layne Rob | Last Name Fitzger Leonar | rald rd | 1 | Covere | d Official Position (if app | licable) | Ne |
| rst Name layne Rob | Last Name Fitzger Leonar | rald rd | 1 | Covere | d Official Position (if app | olicable) | Ne |
| rst Name layne Rob | Last Name Fitzger Leonar | rald rd | 1 | Covere | d Official Position (if app | olicable) | Ne |
| rst Name layne Rob leff | Last Name Fitzger Leonar McMille | rald rd en | Suffix | | | olicable) | Ne |
| rst Name layne Rob | Last Name Fitzger Leonar McMille | rald rd en | Suffix | | d Official Position (if app | elicable) | Ne |
| ayne Rob eff | Last Name Fitzger Leonar McMille | rald rd en | Suffix | | | licable) | Ne |

AKIN GUMP STRAUSS HAUER & FELD Client Name COX ENTERPRISES INC.

Registrant

| 5. General issue area code | TEC | TELECOMN | IUNICATIONS | | (one per page) | |
|---|----------------|-----------------------|--------------------|--------|-------------------------------------|---------------|
| 6. Specific lobbying issue | es | | | | | |
| General Internet safe | ety issues | | | | | |
| | | | | | | |
| 7. House(s) of Congress a | ınd Federal ag | encies | neck if None | | | |
| J.S. HOUSE OF RE | | | icen ii i vone | | | |
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| 3. Name of each individua | l who acted as | a lobbyist in this is | ssue area | | | |
| | | - | ı | Covers | ed Official Position (if applicable | e) I N |
| rst Name | Last Name | | ssue area | Covere | ed Official Position (if applicable | e) N |
| rst Name | | | ı | Covere | ed Official Position (if applicable | e) N |
| rst Name | Last Name | | ı | Covere | ed Official Position (if applicable | e) N |
| rst Name | Last Name | | ı | Covere | ed Official Position (if applicable | e) N |
| rst Name | Last Name | | ı | Covere | ed Official Position (if applicable | e) N |
| 3. Name of each individua rst Name Paul | Last Name | | ı | Covere | ed Official Position (if applicable | e) N |
| rst Name | Last Name | | ı | Covere | ed Official Position (if applicable | e) N |
| rst Name | Last Name | | ı | Covere | ed Official Position (if applicable | e) N |
| rst Name | Last Name | | ı | Covere | ed Official Position (if applicable | |
| rst Name | Last Name | | ı | Covere | ed Official Position (if applicable | |
| st Name | Last Name | | ı | Covere | ed Official Position (if applicable | |

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